TRAINING REPORT

Gender Awareness of Health Care Workers

A TRAINING REPORT FOR STAFF OF GEITA, SHINYANGA AND SIMIYU REGIONS

JULY 2015

This training report was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and authored by Zuki Mihyo, Gender Consultant under The USAID Diagnosis and Management of Severe Febrile Illness (Tibu Homa) Program. The Tibu Homa Program is managed by URC under Cooperative Agreement No. 621-A-00-11-00011-00 and is made possible by the generous support of the American people through USAID.

TRAINING REPORT

Gender Awareness of Health Care Workers

A TRAINING REPORT FOR STAFF OF GEITA, SHINYANGA AND SIMIYU REGIONS

JULY 2015

Zuki Mihyo, Gender Consultant

Acknowledgement

The USAID Diagnosis and Management of Severe Febrile Illness (Tibu Homa) Program is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and is implemented under Cooperative Agreement Number AID-621-A-00-11-00011-00. The program team includes prime recipient, University Research Co., LLC (URC), and sub-recipients Management Sciences for Health (MSH) and Amref health Africa. The program was supported by the USAID Tanzania Mission whose strategic objective is to improve the health status of Tanzanian families, with a development objective of Tanzanian women and youth empowered. For more information please contact Mr. Victor Masbayi at vmasbayi@urc-chs.com.

Recommended citation

Mihyo, Z. 2015. Gender Awareness of Health Care Workers: A Training Report of Staff of Geita, Shinyanga and Simiyu Regions. Training Report. Published by the Tibu Homa Program for the United States Agency for International Development. Mwanza, Tanzania: University Research Co., LLC (URC).

TABLE OF CONTENTS

ACRONYMS

CEDWA	Convention on the Elimination of Discrimination Against Women
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HCWs	Health Care Workers
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
IMCI	Integrated Management of Childhood Illness
MCDGC	Ministry of Gender Community Development and Children
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MoHSW	Ministry of Health and Social Welfare
MSH	Management Sciences for Health
PDSA	Plan, Do, Study, Act
R/CHMTs	Regional and Council Health Management Teams
SADC	Southern Africa Development Community
URC	University Research Co., LLC
USAID	United States Agency for International Development

1.0. INTRODUCTION AND BACKGROUND

This is a report of the combined proceedings of three one-day gender training workshops organized for the Health Care Workers of the Tibu Homa Progam in three regions of Geita, Shinyanga and Simiyu from the 22nd through to the 26th of June 2015. In Geita the training was held on the 22nd, Shinyanga 24th and Simiyu on the 26th of June.

1.1. Training Objectives

The main objective of the training was to create gender awareness and sensitization among Health Care Workers (HCWs) of the Regional and Council Health management teams supported by the Tibu Homa Program in order to enhance their work performance. Specifically, the training aimed at providing the HCWs with gender knowledge, skills and capacity on:-

a) How male and female health workers can discuss gender related issues during consultation with patients; and
b) Enable them to be gender aware and sensitive in dealing with the handling of children under-five year of age, their caretakers and in relating to each other in the workplace.

1.2. Rationale

Tibu Homa Program is committed to integrating gender perspectives in all facets of its programme activities in compliance with international (United Nations) and regional gender equality and human rights instruments; USAID Gender Policy and Directives, as well as the Global Health Initiative and Tanzania legal and policy gender frameworks. In view of this therefore, Tibu Homa Program has planned deliberately to promote gender equality focusing on women, and also targeting men for the following reasons:-

- Females are more likely to be the caregivers for the children at risk for febrile illness.
- Available data indicate that the child is more likely to benefit if caregivers and parents (Tibu Homa Program Approved Proposal)[1], of both sexes are engaged in the provision of child health services**.**
- Female children may be less likely to be escorted by their male parents.
- To enable staff to identify instances where female children were not equally represented in health care provision.

It is against this background that Tibu Homan organized the three trainings to create gender awareness among its health care workers to enhance service delivery with gender sensitivity.

1.3. About the Tibu Homa Program

Tibu Homa is a five year program funded by USAID/Tanzania and implemented by the University Research Co., LLC (URC) in collaboration with the Management Sciences for Health (MSH) and Amref Health Africa[2] in the Lake Zone regions of Mwanza, Kagera, Mara, Geita, Shinyanga and Simiyu. The Program strategy is partnering with the MoHSW, Regional and District Health teams in implementing a comprehensive and innovative approach with the main goal to reduce morbidity and mortality of children less than five years of age with febrile illnesses. It aims to improve diagnosis and management through the achievement of the following objectives:

1. Increase availability of and accessibility to fundamental facility-based curative and preventive child health services;
2. Ensure sustainability of critical child health activities; and
3. Increase linkages within the community to promote healthy behaviors thereby increasing knowledge and use of child health services.

[1] Item 2.3.6: Integrating gender into all facets of the program
[2]Formerly known as the African Medical and Research Foundation (AMREF)

The main focus has been to improve capacity and skills of facility HCWs through training in: case management (by use of IMCI for lower health facilities and Referral Care Manual for hospitals), supply chain management and improve skills of Regional and Council Health Management Teams (R/CHMTs) in supportive supervision and clinical mentoring. Tibu Homa works to improve case management at facility levels, strengthen supply chain management systems, and engage communities and health providers to prevent deaths of children under five.

1.4. Efforts to Integrate Gender in Tibu Homa Program

The program currently collects and reports on sex-disaggregated data but a better understanding of gender gaps and issues that might affect health outcomes among boys and girls is needed. This is particularly important because gender plays a major role in decision-making power, responsibilities, availability of resources, health-seeking behavior of caretakers and also the ability to utilize health care services. In addition a gender analysis will allow the program team to better understand cultural practices and beliefs that might have an impact on health outcomes among boys and girls. Currently there is limited knowledge regarding existing gender practices, issues and gaps as relates to health care for children under-five years of age.

2.0. OFFICIAL OPENING AND WELCOME REMARKS

Ms. Sekela Kyomo, the Tibu Homa Program Communication Specialist on Knowledge Management performed the official openings at all the three workshops in Geita, Shinyanga and Simiyu. After welcoming the participants, she gave a brief background of the Tibu Homa Program and then welcomed Zuki Mihyo to facilitate the training.

2.1. Self-introductions and participants expectations

After the opening remarks and official openings, the facilitator asked participants to introduce themselves by mentioning first their names and designations, and districts where they came from, and their expectations. Below is a combined summary of the expectations from all the participants in Geita, Shinyanga and Simiyu Regions.

2.2. Participants' expectations

- To learn and understand gender issues and be able to use at work
- To understand what gender is and be able to identify gender issues
- To share with my work colleagues and community
- Enhance gender knowledge that they will use in their work to improve work relations and performance
- Improve understanding of gender issues when handling under-five children and dealing with their parents/caregivers.
- To increase their knowledge on gender issues at work and community
- To know how to advise accordingly the male and female parents of the under-five children.
- To increase knowledge on gender equality and human rights, that will also be transferred to their colleagues and local communities
- To learn gender techniques in handling children and their parents/adult persons

2.3. Training methodology

A participatory methodology was applied during the training so as allow participants to draw out of the participants' experiences and knowledge as well as ensure that all participants were active during all the sessions. Plenary discussions, role plays, group discussions, brainstorming exercises, buzz groups, and examples were also applied for better illustrations and understanding

for the participants. These participatory methods made participants to be active in all the sessions, and especially during group work and presentations.

3.0. PROCEEDINGS FROM THE TRAINING SESSIONS

A total of 80 participants participated in the training. Thirty (30) participants came from Geita (13 males; 17 females) from Bukombe and Mbogwe districts; 22 Shinyanga (4 males; 18 females) from the Municipality of Shinyanga and Bariadi District; and in Simiyu 28 attended (15 females; 13 males) from Maswa District, Bariadi Town Council, and Bariadi District Council. Annex 2 provides a detailed list of participants by sex, region, district, designation and health facility.

3.1. SESSION 1: Understanding gender

At the beginning of this session, participants were asked if they had attended any gender training before. All participants, with the exception of one who attended a women empowerment workshop, said it was their first time to attend a gender training workshop.

The facilitator started by explaining the reasons for the need to understand the concept 'gender' in order to be able people to identify and understand gender issues; not understanding the concept may lead to misunderstandings and misconception. And many people do not know the difference between the concept 'gender' and the concept 'sex'. Participants were further informed that, understanding gender leads to one becoming more aware of one-self, and being sensitive to others regardless of their sex or age. It also leads to feeling empowered with capacity and self-confidence, which enhances good working relations and work performance, which to Tibu Homa HCWs implies improving the health and welfare of the under-five children and their parents/caretakers and communities within which they live. During this session, the facilitator highlighted the centrality and significance of gender awareness and sensitivity to the needs and interests of all human beings regardless of their sex and age or other differences, by recognizing their rights as human beings, which aligns with the goals and intermediate results of the Tibu Homa Program and the IMCI approach it uses.

3.1.1. Key gender concepts

In a plenary session, key gender concepts were introduced by the facilitator and discussed among the participants. The gender concepts introduced were: sex, gender, gender relations, gender roles, gender division of labor, gender and sex-disaggregated statistics, gender analysis, gender stereotyping and gender blindness. Below is a summarized version of some of the key gender concepts that were presented and discussed.

a) Sex vs. Gender

Participants were informed that, the concept 'sex' is defined as a biological make up of male and female, which they are born with; the concept 'gender' is socially and culturally constructed and refers to the relationships between men and the way they relate to each other, and determines their positions and roles in society, and access to productive resources and services (health, education, etc.). Gender determines the positions of men and women in society at all level in the economic, social/cultural and political spheres – i.e. in terms of roles and responsibilities, leadership and privileges, and expectations. While gender relations can be changed with time, education and socio-economic development, sex cannot be changed although nowadays a few people pay for sex change operations.

Participants were informed that gender is not sex specific by giving an example that in some tribes/cultures, men are the ones that collect firewood, which in other cultures is considered a woman's role. It is sex that determines that women should become pregnant and bear children but it is gender that ensures that women and not men take care of the children and all other

household chores. Gender is one of the important social categories along with ethnicity, race, caste, class and age, but it cuts across the others as it is able to explain and analyze the relationships between men and women in conjunction with other key variables such as class, age, race, disability, living with HIV and AIDS, ethnicity, urban /rural and geographical location. Participants gave examples of women's sexual/biological roles: being able to become pregnant, to give birth and to breast feed; and men's sex/biological role is to provide sperm for a woman to conceive.

b) Gender relations

Gender relations are roles and responsibilities of women and men, which have been assigned to them by the society. Gender relations also include opportunities that women and men have values and cultural norms, beliefs and prejudices imposed on them, which sometimes limit women's mobility and full participation in economic and political development activities.

c) Gender division labour

Gender division of labor refers to the different types of work that women and men generally do within their homes/households and communities. Factors such as education, technology, economic change, and sudden crises (e.g. wars and hunger) cause gender roles and the gender division of labor to change. Normally women generally perform more tasks than men – i.e. taking care of families, community work and sometimes office work. But by examining the current division of labor between men and women – it is clear that their gender roles/tasks are dependent on each other. In general women perform more household roles than men, a fact which limits their mobility and level of participation in development activities. Gender division of labour is not sex specific. For example, what is considered as a man's role in one culture or country can be woman's role in another. Gender division of labour also differ according socio-economic, ecological and geographic situations.

d) Gender equality vs. gender equity

Gender equality means giving equal opportunity to both men and women to participate in, and benefit from development projects. It also means equal opportunities to equal pay, education and training, health facilities and employment. It also means equal opportunity to participate in planning development activities and to make decisions so as to influence and contribute to the development process. ***Gender equity*** implies being fair where men and women are treated equally. It means providing equal rights and opportunities for women, men, girls and boys at all levels of society in all sectors of e.g. in the political, social, legal and economic sectors. Gender equity is a process of <u>being fair</u> to both women and men as people/human beings. Gender equity is the means to achieve gender equality.

The facilitator further explained that gender equality indicates that women and men have equal conditions for realizing their full human rights and for contributing to and benefiting from economic, social, cultural and political developments. Gender equality is the equal valuing by society of the similarities and the differences of men and women and the roles they play. Gender equality is realized when men and women enjoy equal status, recognition and consideration. It means equality in access to marital welfare, equal access to resources and opportunities, the abolition of value system based on the belief of inequality, equal access to participation and decision-making, and equal access to control over resources and benefits***.***

e) Gender Discrimination and Gender Blindness

It is a difference in treatment of people based entirely on their being male or female. This difference contributes to structural inequality in society. Examples of gender discrimination at different levels of society were given by the participants. At family/household level: the

socialization process socializes girls to do household chores and taking care of children and the sick, cooking, collecting water, firewood and cleaning. At community level, due to cultural traditions, most men are allowed to inherit property including land and farming inputs. The leaders or managers in many offices and work places are men. Women occupy low paying positions. The facilitator then informed participants that many international and regional instruments, as well as some of the national laws and policies prohibit discrimination based on sex. ***Gender Blindness*** is a conscious or unconscious way of doing or saying things without recognizing or considering differences in position, needs and feelings based on gender.

f) Gender stereotype

It is the assigning of roles, tasks and responsibilities to a particular gender on the bias of preconceived prejudices. Participants gave examples of incidences where communities believe women are not good leaders of cannot lead; or only men can become engineers and scientists; or that boys are better in science subjects than girls.

g) Gender/Sex-Disaggregated data

Gender and sex dis-aggregated data is information that is classified on the basis of both sexes – and sometimes also by age: i.e. men, women, girls and boys; and even by other categories of ethnicity, education, urban/rural, etc. Sex dis-aggregated data provides important indicators of gender needs of both men and women. Some of the examples of gender stereotyping provided by participants included: the role given to the father/man as head of the household with responsibility to provide for his children and wife even if he does not have a job or source of income; according to the Tanzanian law, when children are born they belong to the man; IMCI guidelines (*Mwongozo*) the last question in the form asks about the mother's health and not the father as if fathers do not have health problems- the father's health (e.g. tuberculosis, TB) can also affect the health of the child.

h) Gender Analysis

Gender analysis is a systematic way of analyzing the different position men and women occupy in society, division of labor and the roles they perform. It examines men's and women's access and control over resources, including the sexual division of labor, and control over their labor. It is also process of analyzing or assessing the different impacts policies, programmes, projects, laws and regulations have on men and women in their lives and work. Before planning any development programme or project it is important to understand the real situations of men and women by knowing what takes place within households/families, workplaces and villages and communities before developing any plans. Through gender analysis, information is collected (gender/sex-disaggregated data) about the different positions of men and women, and their roles/activities and division of labor/work which helps to develop development programmes and projects that are responsive to the needs of both men and women.

i) Patriarchy

Patriarchy is defined as a form of social organization in which men are dominant. Patriarchy always has gender and power hierarchy where people are organized into different levels of importance from the highest to lowest; and the hierarchical relations of power between women and men tend to discriminate women and benefit men. The facilitator elaborated more that gender hierarchal relations can be seen in a range of gendered practices such as the division of labor and resources and gendered ideologies and stereotypes as acceptable behavior for women and men. During discussion, participants gave examples of the way the patriarchy system discriminates against women and girls at family and community level; but also sometimes it undermines men's position. For example, in many cultures in Tanzania, men are not expected to

cry when someone close to them dies. They are also not expected to be beaten by their female spouses because they are physically strong stronger than women.

j) Gender based violence

The facilitator explained that gender based violence (GBV) is any act of or threat by men or women that inflicts physical, sexual or psychological harm on the victim because of their sex; and that GBV is a major public health, human rights issue, as well as an economic and social problem throughout the world. It is a violation of human rights. Participants were asked by the facilitator to provide examples of forms of GBV in their communities/regions; and they gave examples of early child marriages and/ or forced marriages, wife battering of women (domestic violence), sexual assaults, rape, female genital mutilation (FGM), wife inheritance, property grabbing when a husband dies, and a system called *'ntobo'* where a barren woman 'marries' a fellow woman to sleep with her husband so that she can bear children **for her.** And the children born out of the *'ntobo'* system belong to the wife/woman who married.

3.1.2. General discussion on key gender concepts

Participants showed a good understanding of the differences between the two very key concepts of sex and gender; and the facilitator highlighted the need to recognize the differences of sex and gender roles that give rise to different roles (*mgawanyo/majukumu* ya kijinsia) and needs (*mahitaji*) between women and men. Examples of the application of the above concepts were given by the facilitator and participants, as well as Dr. Emmanuel Sima of the Tibu Homa Program. Examples of gender roles included:

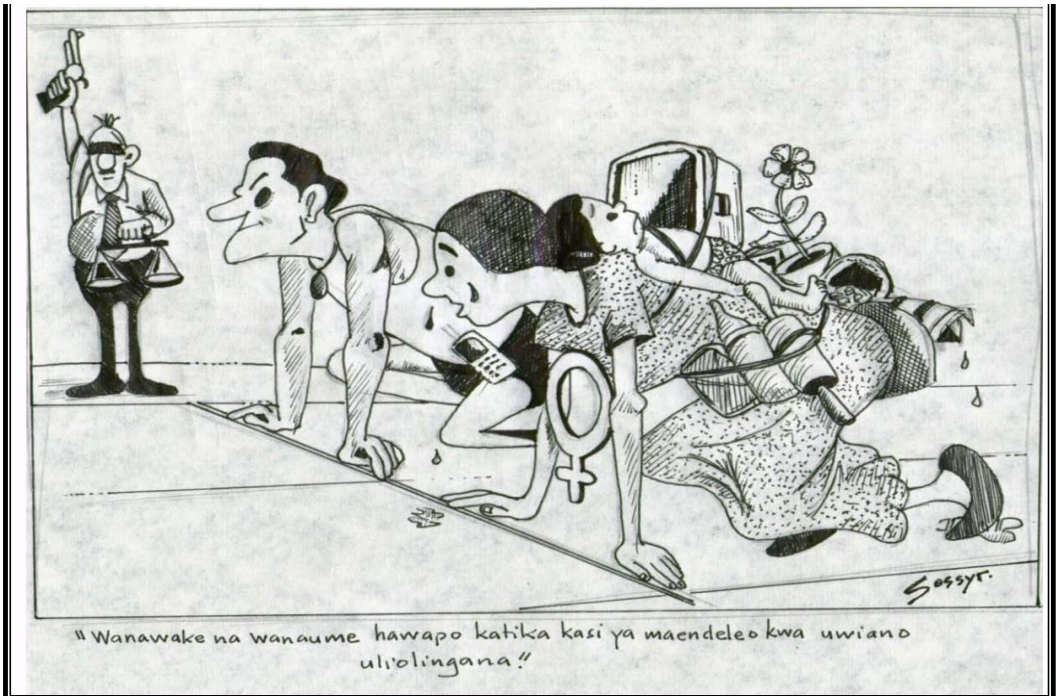
- Girls helping their mothers with household chores, caring for the siblings, the sick and elderly family members, while boys go out to play football or encouraged to read and do homework.
- Men building houses and clearing bushes, while women and girls doing chores such as cooking cleaning, fetching water and firewood, all of which can be performed by both men and women.

Participants were further informed that women's gender roles are a heavy burden and hence a hindrance to their personal and family development, and economic and political empowerment. Participants were also informed that, gender is everywhere at all levels of society (family homes and household, communities and workplaces (offices, farms), and at national and international level, in all sectors of development (health, education, agriculture) and in the social, cultural, economic and political spheres. Below is a summary of other points that were discussed in the plenary.

3.1.3. Group exercise on gender concepts

Participants were divided into three groups. Each group was given a picture to study and analyze from a gender perspective; and based on the results of their gender analyses, give recommendations.

All participants of Group 1 in all the three regions of Geita, Shinyanga and Simiyu were given Picture Number one (below) that shows a man and woman competing in a race towards 'development'.



Group 2 members in all the three regions were given Picture number two (below) of a man and woman with a man carrying a baby on his back and women holding a handbag.

Members of Group number 3 in all the three regions were given a picture of women (below) holding their babies at a clinic to analyze from a gender perspective and give recommendations.

3.1.4. Feedback from Groups Work in the Three Regions

3.1.4.1. GEITA REGION

GROUP 1

Gender analysis

Male/father	Female/mother
▪ Patriarchy in its true colors with the following gender barriers: Has no barriers ▪ Is wearing sports clothing ▪ Has a mobile phone for communications when need be in case of emergency or needs some information	Is carrying a lot of luggage: ▪ A child on her back and toys for the child to play with ▪ A bag and a television ▪ Food items and cooking utensils ▪ She is tired even before starting the race ▪ She is wearing a long dress and shoes that will be obstacles to winning the race

Recommendations

- Both need to be educated on gender equality and human rights of women and children.
- Referee should be penalized for being gender blind.
- There should be a sharing of gender roles between father and mother.
- Gender to be taught from primary level.

GROUP 2

Gender analysis

- The picture shows gender equality between the father and mother.
- Existence of good gender relations between the two that's why the man is carrying the baby on his back

Comments and Recommendations

- Most likely the baby being carried by the father is male.

- It is good for parents to help each other by sharing gender roles.

GROUP 3

Gender analysis

- The role of taking children to the clinics seems to be left to the female parents.
- Men do not understand joint parenting.
- Caring for children is considered a women's role and not men's.

Recommendations

- Need to create gender awareness in the community in order to get rid of gender stereotype.

3.1.4.1. SHINYANGA REGION

GROUP 1

Gender analysis

- No gender equality as the woman is overloaded with a lot of gender luggage/roles.
- The baby is being mistreated by being involved and loaded with luggage (TV) - may be the baby is female baby helping the mother in performing some of her gender roles.
- The referee is gender blind and unfair to the woman because he is a male and does not see that the women is overloaded while the man is not carrying anything except his mobile phone.
- The woman is not prepared for the race as she is wearing a dress and indoor shoes instead of sports clothing. The man is wearing a short and t-shirt suitable for the race.
- The woman seems to be weeping because she has been denied her human rights.

Recommendations

- Need to uphold women's rights and gender equality in all spheres.
- Children rights should also be observed.
- Need to provide gender awareness to combat gender based violence.

GROUP 2

Gender analysis

- The picture shows the father carrying the baby
- It seems they have good relationships as parents.
- There is not patriarchal system.
- Shows equality in the division of gender roles.

Recommendations

- The community should emulate these two parents in caring for children.
- Need to continue educating the community on human rights of both men and women.
- Need to combat negative cultural practices and gender stereotyping.

GROUP 3

Gender analysis

- Only women are seen holding their children – at the clinic/health center – there is no single male
- Shows inequality in the gender role of taking children to the clinic

Recommendations

- Community to be educated that taking children to clinic and health center is of both mother and father.
- Health workers need to educate parents and community members in order to reduce gender stereotype, within households, at village level and community level.

- Leaders to be involved in organizing support for pregnant women to get transport to go to the clinics.

3.1.4.1. SIMIYU REGION

GROUP 1

Gender analysis

- The picture shows that there is no gender equality between the man and woman in the race because.
- Both are competing but on different levels as the women is carrying a lot of household utensils, bags, flower pot and other things including a child -- gender roles follows her even in other development activities.
- The man has not luggage at all – except her mobile phone.
- The referee is gender blind as he does not see that the woman who is competing is overloaded with luggage, while the man is carrying nothing.

Recommendations

- Referee to be educated on gender equality and human rights of both men and women so as to remove gender blindness in him.
- The man to be educated to stop patriarchy tendencies and gender blindness and acknowledge that women too, have human rights.
- The woman also needs to be educated on her basic human rights.
- The community as well – needs gender awareness and sensitivity so that they know and understand the importance of gender equality.

GROUP 2

Gender analysis

- The picture shows father carrying the baby on his back with a *khanga* and the mother of the baby holding a handbag going to a clinic/health center – which many men will feel shy to do. Most men carry their children either on their shoulders or holding them in their hands
- This is an indication of good relationship between the two of them – husband and wife in the family
- Therefore there is understanding of gender equality and human rights of women

Recommendations

- This family should be imitated as they are role models to other parents.

GROUP 3

Gender analysis

- Only women are seen holding their children at the clinic.
- No gender equality between mothers and fathers.
- Indicates patriarchal system and stereotyping

Recommendations

- Community to be educated that taking children to clinic and health center can also be done by fathers.
- Parents and community members to be educated on gender equality and human rights.
- Need to remove gender stereotype at all levels - within households, at village level and community levels, in all sectors – education, health, decision-making.
- Education for different categories of people, in churches and mosques.

4.0. SESSION 2: Gender issues in the delivery of health services

In this session, participants worked in groups instead of brainstorming in the plenary. They worked in the same groups and were requested to use their gender awareness and knowledge to show 'how gender issues can affect the delivery of health services among themselves as male and female Health Care Workers (HCWs) in the provision of services'. During the discussions, participants indicated that they do not discriminate against female of male children when taken to the clinics. They normally treat both male and female under-fives equally in the provision of health services. However, they pointed out that, when a child is brought to the clinic by the father or male care taker, they ask where the mother is and why he is bringing the child to the clinic. At some point some participants acknowledged having asked such questions and said such male care takers should be praised instead of being discouraged.

4.1. Feedback from group work on Gender issues is health service delivery

4.1.1. GEITA

GROUP 1

Gender issues among female and male workers

- Leaders/management inability to deliver services due to gender issues and not trusting each other e.g. between a male and female doctor/health care givers
- Women health workers not having self confidence

Gender issues between health workers and patients

- Patients not having confidence with a particular doctor of the opposite sex.
- Having romantic relationships between male and female health care workers.
- Only women attend reproductive health education sessions.

GROUP 2

Gender issues among female and male workers

- Head of departments are mainly male.
- Differences in education among male and female health care workers.
- Gender based violence.

Gender issues between health workers and patients

- HCWs not sharing information.
- HCWs bad language
- Clients not giving feedback to their spouses.
- Clients choosing HCWs.

GROUP 3

Gender issues among female and male workers

- Patriarchy: the majority of doctors are male who male almost all the decisions.
- Having many female nurses in the same cadre than male nurses, affects the delivery of services.
- Selection of participants for training is gender biased.

Gender issues between health workers and patients

- Other patients refusing to be attended by health workers of the opposite sex.
- Language used by health care workers sometimes causes misunderstandings to the patients – e.g. telling a female patients 'spread your legs', which can make the husband suspicious if he is outside..
- Lack of, or limited working tools
- Lack of or limited facilities for patients such as toilets and clinics.

- Belief/stereotyping that female health workers don't keep secrets as they are gossips by nature – hence some patients refuse to be attended by female health care workers for fear that their illnesses will be made public.

Recommendations

- Need to create equal opportunities for both male and female health care workers.
- Division of tasks should be equally distributed.
- Need education to remove gender stereotyping.

4.1.2. SHINYANGA

GROUP 1

Gender issues among female and male workers:

- Some gender issues arise due to patriarchal beliefs – e.g. when the boss/doctor is a female, some male nurses may refuse to perform their assigned duties simply because they do not like to take orders from a female boss/doctor
- Conflicts among health workers affects service provision to clients. For example, when a male or female doctor approaches a fellow health worker of the opposite sex - but is refused – he/she will look for ways to spoil his/her work.

Gender issues between health workers and patients

- Conflicts among workers may affect the provision of services.
- Nepotism - selecting fellow men or fellow women to provide services

GROUP 2

Gender issues among female and male workers:

- Not sharing information and knowledge and information with fellow workers
- Not discussing challenges of gender issues may be due to ignorance

Gender issues between health workers and patients

- Stereotyping – e.g. when a male parent brings a child to the clinic. Sometimes even the female nurses will ask why him and where the mother is.
- Gender blindness – e.g. not being able to recognize gender issues when handling clients at health centers

GROUP 3

Gender issues among female and male workers:

- Limited gender awareness and sensitivity among health care workers.
- Nepotism resulting in poor division of tasks at work.

Gender issues between health workers and patients

- Patients not wanting to be treated by certain health workers either due to their sex or age – i.e. they choosing the health care workers they want.
- Health care workers not wanting to treat patients of the opposite sex.
- Stigmatization – e.g. dome health care workers do not want to treat patients are look dirty or poor.

4.1.3. SIMIYU REGION

GROUP 1

Gender issues among female and male workers:

- Not reaching set targets in the provision of planned services.
- Gender inequality affects service delivery due to not respecting one another due to gender blindness and gender subordination

Gender issues between health workers and clients

- Gender stereotyping affects the delivery of better services to patients.
- Patients not having trust in some health care workers – older patients not wanting to be treated by younger health care workers, especially if they happen to be of the opposite sex.
- Lack of or limited respect between health care workers and patients.

GROUP 2

Gender issues among female and male workers

- Patriarchy at work: Men not cooperating when the leader/boss is a woman.
- Male nurses like to be referred to as doctors by patients as they consider nursing as a female job.
- They do not want them

Gender issues between health workers and patients

- Patients value and have more confidence in male health workers than female health workers.
- Wanting to be treated by the same health workers of the same sex.
- Due to gender roles at home, most female health workers report late at work, which affects service delivery.
- Sextortion (sex corruption) among male and female workers for favours.

GROUP 3

Gender issues among female and male workers

- When male and female health workers are together, patriarchy becomes pronounced, which affects service delivery because of male health care workers will always want to make all the decisions. This normally results in making poor decisions because of gender blindness.

Gender issues between health workers and patients

- Patients getting poor services due to gender stereotyping.

5.0. SESSION 3: INTERNATIONAL AND REGIONAL INSTRUMENTS; AND TANZANIA LAWS, POLICIES AND STRATEGIES ON HUMAN RIGHTS AND GENDER EQUALITY

5.1. International instruments

The aim of this session was to inform participants that gender equality is a human rights issue to ensure all people – men and boys; women and girls, and children of both sexes are treated equally as human beings, and have equal access to resources, services and opportunities and basic needs such as health services, education, water and sanitation, food and shelter. All human beings are born equal and deserve the basic human rights by the mere fact that they were born as human beings as human rights does not discriminate on the basis of sex, color, creed, religion, or socio-economic status. All human beings have equal rights to life, to livelihood, food, shelter, health and education services.

Then the facilitator explained that the source and background of human rights is the Universal Declaration of Human Rights (UDHRs) of 1948 which has been signed and ratified by UN member states including Tanzania, the Declaration states that ‘all human beings are born free and equal in dignity and rights; and that everyone is entitled to all the rights and freedoms’ as stipulated in the UDHRs. Basic human rights include the right to life and livelihood, basic necessities of life (food, shelter, etc.), the right to access economic resources and services such as health and education services, participation in decision-making regardless of their sex, color, creed, religion,

or socio-economic status. Core principles of the UDHRs are: universality, inalienability indivisibility, interdependence, interrelatedness, equality and nondiscrimination, participation and inclusion.

Other instruments that were introduced and discussed very briefly included: the Convention on the Elimination of Discrimination Against Women (CEDAW, 1979), the Beijing Declaration and Platform for Action (1995), Vienna Declaration on Human Rights (1993), Millennium Development Goals (MDGs, 2000) - with MDG 3 focusing specifically on promoting gender equality and empowerment of women. Other MDGs that focus on gender equality and children are:- MDG 2 on achieving Universal Primary Education with the target of ensuring children both boys and girls being able to complete a full course of primary schooling and eliminating gender disparity in primary and secondary education; MDG 4 on reducing Child Mortality with the target of reducing two-thirds mortality rate of the under-five; MDG 5 on improving Maternal Health with the target of reducing by three quarters the maternal mortality ratio; and MDG 6 on combating HIV AIDS, Malaria and Other Diseases and halving the spread of HIV/AIDS by 2015, and to reverse the incidence of malaria and other major diseases.

5.2. Regional instruments

Regional instruments discussed were the SADC[3] Gender Declaration (1997) and its Addendum (1998) on the Elimination of All Forms against Women and Children of Southern Africa; the Protocol to the African Charter on Human, People's Rights and on the Rights of Women in Africa, the Maputo Protocol (2003); and SADC Gender Protocol.

5.3. National instruments – laws, policies and strategies

Participants were informed that Tanzania embedded the provisions of international regional instrument in its 1977 Constitution, which states that 'every human being deserves respect and dignity (Article 12: sect. 2) - and hence no human being should be discriminated on the basis of his/her sex. The national instruments on gender equality introduced to the participants, but were not discussed in depth due to time constraints are listed in the box below.

- National Development Vision 2025, with poverty reduction and gender equality as one of its strategic objectives.
- National Strategy for Growth and Reduction of Poverty I and II (MKUKUTA 1 & II).
- National Health Gender Policy.
- The Women and Gender Development Policy. Goal 6 of the MKUKUTA Cluster 3 clearly states the need for "improved personal and material security, reduced crime, and elimination of sexual abuse and domestic violence." (REPOA 2010)
- National Strategy for Gender Development (NSGD).
- National Plan for the Prevention and Eradication of Violence against Women/Children (2001-2015).
- National Guidelines for the Management of Gender Based Violence and Policy Guidelines towards Response and Prevention of Gender Based Violence.
- Sexual Offences Special Provisions Act (SOSPA, 1998).

Participants were further informed that, Tanzania is making efforts to promote gender equality and the human rights of both men and women and children using the above international, regional and national instruments. The Ministry of Gender Community Development and Children (MCDGC) has been mandated by Government to coordinate all gender related activities

[3] Southern Africa Development Community

implemented by ministries, departments and agencies (MDAs) and other stakeholders. Just like the Ministry of Health and Social Welfare (MOHSW) being mandated to coordinate and oversee the provision of health services in the country without discrimination.

6.0. ROLE-PLAY USING GENDER KNOWLEDGE AND SKILLS IN HEALTH SERVICE DELIVERY

In this session, in all the three regions, the facilitator divided participants in to two groups to perform a role-play on handling children and their parents using the gender knowledge and skills learned from the training. In the play, the groups were required to perform two main roles. Group number one in all the three regions was supposed to play the role of encouraging and advising female and male parents to improve their child health management skills at family/household level through preventive and curative care through immunization and improved nutrition in order to promote children's growth and development, hence reducing deaths, illnesses and disabilities. During feedback, all the groups demonstrated gender awareness and clear understanding of gender issues related to provision of advice to the patients/parents.

Groups number two, in all the regions were required to play roles on gender sensitivity in their work and communicating skills with fellow health care workers of both genders. These groups also proved to be gender aware and knowledgeable on gender issues pertaining at their workplaces, which were very well imitated in their role-plays.

7.0. TRAINING EVALUATION RESULTS

At the end of each training workshop, the facilitator asked participants to evaluate the training their gender awareness, understanding of key gender concepts training process and individual learning. Below is a summary of the evaluation results from the three regions of Geita, Shinyanga and Simiyu.

7.1. Geita region

EVALUATION QUESTIONS	Poor	Average	Good	Very Good	Total
Understanding of key gender concepts and gender mainstreaming			7	23	30
Total Relevance of the Training to your work		5	8	17	30
TRAINING PROCESS					
Balance between theory and practice		3	9	18	30
Training Methodology & Exercises		2	7	21	30
RATE YOUR INDIVIDUAL LEARNING					
Ability to apply gender knowledge/skills in handling under-five children and their parents/caretakers			13	17	30

7.2. Shinyanga region

EVALUATION QUESTIONS	Poor	Average	Good	Very Good	Total
Understanding of key gender concepts and gender mainstreaming			3	19	
Relevance of the Training to your work			5	17	
TRAINING PROCESS					
Balance between theory and practice			11	11	
Training Methodology & Exercises			4	18	

RATE YOUR INDIVIDUAL LEARNING					
Ability to apply gender knowledge/skills in handling under-five children and their parents/caretakers			12	10	

7.3. Simiyu region

EVALUATION QUESTIONS	Poor	Average	Good	Very Good	Total
Understanding of key gender concepts and gender mainstreaming			3	24	28
Relevance of the Training to your work		1	7	20	28
TRAINING PROCESS					
Balance between theory and practice		1	6	21	28
Training Methodology & Exercises		1	7	20	28
RATE YOUR INDIVIDUAL LEARNING					
Ability to apply gender knowledge/skills in handling under-five children and their parents/caretakers	1		9	18	28

7.4. Evaluation comments and recommendations from participants

In all the three regions, many participants indicated to want to know more about the international, regional and national instruments (laws, policies and strategies) for promoting gender equality and human rights, especially of women and children. Below are some of their comments and recommendations.

- One day was very short; and also expressed the need to organise more gender trainings of longer than one day.
- Gender training should also be provided to the Management in all the medical/health facilities because most of them do not have gender awareness.
- Next time provide training for more than one day to enable go deeper into instruments for gender equality and human rights.
- Need more handouts and books on gender equality and human rights.
- Should educate and raise more awareness on forms of gender based violence for communities to be able to combat them.
- This is the first time to participate in gender training and have learned a lot.
- The knowledge will help me in improving delivery of services to both sexes.
- Have learnt a lot and will be sustainable.
- Please continue to educate communities on gender issues and the human rights of all people including children.
- Will share the information and knowledge gain with my co-workers and community.
- The training should have been organised for three days. One day was too short.
- Now I know the difference between concepts gender and sex
- Group exercises were very useful.

8.0. CLOSING

In all the three training in all the three regions, the official Ms. Sekela Kyomo, the Tibu Homa Program Knowledge Management and Communication Specialist. In addition to thanking the participants for their active participation, Sekela also advised them to provide feedback to their fellow health care workers and share the information and knowledge with their patients, local communities and immediate families. She also thanked Zuki Mihyo for facilitating the training.

9.0. ANNEXES

9.1. Annex 1: Training Programme

TIMEFRAME	TRAINING SESSIONS	METHOD	FACILITATOR
08.00 - 08.15	Registration & Logistics		URC/THP
08.15 - 08.20	Welcome remarks & Official Opening	Plenary	Sekela Kyomo, URC/THP
08..20 - 08.40	Self-introductions & Expectations	Plenary	Zuki Mihyo, Facilitator
08.40 - 08.45	Training Objectives & Timetable review	Plenary	Z. Mihyo
08.45 - 09.45	SESSION 1: Understanding Gender	Power Point Presentation	Z. Mihyo
09.45 – 10.15	Exercise: Key concepts and applicability in the community and at work	Group work	All
10.15 – 10.45	Groups report back	Plenary	All
10.45 – 11.15	*Tea/Coffee break*		All
11.15 – 12.00	SESSION 2: Brainstorming on gender issues in the delivery of health services'.	Plenary	All
12.30 – 13.00	SESSION 3: International Conventions/Treaties and National Policies for Gender and Human & Children's Rights	PPP	Z. Mihyo
13.00 – 14.00	*Lunch break*		All
14.00 – 15.00	**Role-play:** *Using gender knowledge and skills in handling children and parents by:* • Encouraging female & make parents to improve family/household child health management skills (i.e. preventive/immunization and curative/nutrition& care) in order to promote children's growth and development and reduce death, illness and disability • Gender sensitive communicating skills with fellow HCWs & CHWs (f/m)	PPP Group work	All
15.00 – 16.00	Groups report back	Plenary	All
16.00 – 16.30	*Tea/Coffee break*		All
16.30 – 16.45	Evaluation	Filling Forms	All
16.45 – 17.00	Closing	Plenary	URC/THP

9.2. Annex 2: List if Participants

No.	NAME	DISTRICT	FACILITY	SEX	CADRE
GEITA REGION: 22 June, 2015					
1.	Agnes Mkanga	Bukombe	Bukombe Hospital	F	RN
1.	Emmanuel Kulebeka	Bukombe	Uyovu HC	M	ACO
2.	Manigu Sagenge	Bukombe	Ushirombo HC	M	ACO
3.	Sospeter Mussa	Bukombe	Ikuzi Disp	M	CO
4.	Nyange Reuben	Bukombe	Bukombe Disp	F	CA
5.	Martine Sylivester	Bukombe	Iyogelo Disp	M	CA
6.	Nyachiro Joram	Bukombe	Bugelenga Disp	F	EN
7.	Sharifa Swedy	Bukombe	Msonga Wazazi Disp	F	RN
8.	Monica Bufula	Bukombe	Nkomo Disp	F	NA
9.	Samwel Nyasi	Bukombe	St Paul Disp	M	CA
10.	Lucianus Nghela	Bukombe	Bukombe Hospital	M	RN
11.	Martha Gimero	Bukombe	Ushirombo HC	F	RN
12.	Nyamchele Kisumo	Bukombe	Uyovu HC	F	EN
13.	Sagira Monghateko	Bukombe	Bugelenga Disp	M	ACO
14.	Musa Lubadanja	Bukombe	Bukombe Hospital	M	CA
15.	Titus Jilala	Mbogwe DC	Lulembela Disp	M	EN
16.	Doris Ndoyahene	Mbogwe DC	Bulugala Disp	F	EN
17.	Hussein Kasiagara	Mbogwe DC	Ilangale Disp	M	ACO
18.	Safari Matundwe	Mbogwe DC	Masumbwe HC	M	CO
19.	Theopister Zambeti	Mbogwe DC	Ilolangulu Disp	F	ACO
20.	Mwajuma Ibrahim	Mbogwe DC	Iponya Disp	F	MA
21.	Ally Kissanzo	Mbogwe DC	Lugunga Disp	M	CO
22.	Mwamini Katang	Mbogwe DC	Nyasato Disp	F	MATT
23.	Amina Rashid	Mbogwe DC	Masumbwe HC	F	EN
24.	Magreth Msafiri	Mbogwe DC	Bukandwe Disp	F	MATT
25.	Peter Dominic	Mbogwe DC	Ushirika Disp	M	EN
26.	Catherine Misangwa	Mbogwe DC	Ikunguigazi Disp	F	EN
27.	Tano Mwasanga	Mbogwe DC	Bwelwa Disp	F	EN
28.	Rachel Nyerere	Mbogwe DC	Iboya HC	F	EN
29.	Christina Epafra	Mbogwe DC	Nyanhwiga Disp	F	EN
SHINYANGA REGION: 24 June, 2015					
30.	Neema Kunze	Shinyanga MC	Kambarage Health Centre	F	CO
31.	Joyce M. Mashalla	Shinyanga MC	Uhuru Bakwata Dispensary	F	EN
32.	Peter Titus	Shinyanga MC	Buhangija Dispensary	M	CA
33.	Hadija Shomari	Shinyanga MC	Galamba Dispensary	F	NA
34.	Anna Kasala	Shinyanga MC	Old Shinyanga Dispensary	F	MATT
35.	Gaudensia Robert	Shinyanga MC	Ibadakuli Dispensary	F	MATT
36.	Dina S. Muyemba	Shinyanga MC	Lubaga Dispensary	F	MATT
37.	Flora M. Marengo	Kishapu	Ngofila Dispensary	F	EN
38.	Mwajuma Salum	Kishapu	Hindawashi Dispensary	F	MATT
39.	Elizabeth Boniface	Kishapu	Bupigi Dispensary	F	EN
40.	Regina P. Silli	Kishapu	Itongoitale Dispensary	F	EN
41.	Cecilia A. Nkwabi	Kishapu	Buganika Dispensary	F	RN
42.	Salima Dedu	Kishapu	Uchunga Dispensary	F	MATT

43.	Kasala Jackson Ndekeja	Kishapu	Magalata Dispensary	M	EN
44.	Anna Hosea	Kishapu	Mwamanota Dispensary	F	EN
45.	Nyakundi N. Lucy	Kishapu	Kinampanda Dispensary	F	EN
46.	Joyce Petro	Kishapu	Shagihilu Dispensary	F	NA
47.	Juliana Nkinga	Kishapu	Somagedi Dispensary	F	CO
48.	Eva Nelson	Kishapu	Busangwa Dispensary	F	EN
49.	Samwel Kerambo	Kishapu	Seseko Dispensary	M	EN
50.	Pili. S. Ndugulile	Kishapu	Mwawaza Dispensary	F	RN
51.	Mrata Gidadel	Kishapu	Isunganholo Dispensary	M	EN
SIMIYU REGION: 26 June, 2015					
52.	Enos T. Mwanzalima	Bariadi DC	Nkololo Dispensary	M	SCO
53.	Vincent Angaga	Bariadi DC	Nyawa Dispensary	M	ANO
54.	Manoni Itangwa	Bariadi DC	Gambosi Dispensary	M	PCO
55.	Dotto L. Machibya	Bariadi DC	I'mbeshi Dispensary	M	ACO
56.	Richard M. Mabula	Bariadi DC	Sapiwi Dispensary	M	SCA
57.	Charles Edson	Bariadi DC	Ditima Dispensary	M	CO
58.	Salome Kinuno	Bariadi DC	Miswaki Dispensary	F	ACO
59.	Modester Wilson	Maswa	Sanga Mwalugesha	F	MATT
60.	Martine Jumanne	Bariadi DC	Mwamlapa	M	RN
61.	Renatha Sebastian	Maswa	Mwasayi Health Centre (HC)	F	EN
62.	Shulie N. Iamani	Bariadi DC	Dutwa Dispensary	M	SCO
63.	Mahalone Kichai	Bariadi	Bariadi Hospital	M	PCO
64.	Ferdinand Mtiba	Bariadi	Bariadi TC Hospital	M	EN
65.	Muyabhi Mugeta	Bariadi TC	Mwakibuga	M	CO
66.	Mbeleje Donald	Bariadi	Bariadi Hospital	F	RN
67.	Kijakazi Seleman	Bariadi TC	Muungano HC	F	MA
68.	Mary Ogoti	Bariadi DC	Masewa Dispensary	F	CO
69.	Emanuel Lushiku	Bariadi DC	Mwasubuya Dispensary	M	RN
70.	Anna Daidi	Maswa	Masanwa Dispensary	F	NA
71.	Pendo Ngassa	Maswa	Mwabulimbu Dispensary	F	MA
72.	Helena D. Mathias	Maswa	Lalago HC	F	NA
73.	Donald Muhikwa	Bariadi	Bariadi TC Hospital	M	RN
74.	John J. Mazoya	Maswa	Sayusayu Dispensary	M	CO
75.	Leticia Soji	Maswa	Ipililo Dispensary	F	CO
76.	Magreth Maleko	Maswa	Ikulilo Dispensary	F	CA
77.	Abel Duttu	Maswa	Mwabaualu	M	CO
78.	Sr Sabina Nyanchaba	Maswa	Maswa Hospital	F	Ag MO IC
79.	Ruthgrace Kashura	Maswa	Maswa Hospital	F	RN

Abbreviations:

ACO: Acting Clinical Officer
CA: Clinical Assistant
DC: District Council
EN: Enrolled Nurse
IC: In-Charge
MATT: Medical Attendant
MO: Medical Officer
MC: Municipality
RN: Registered Nurse
TC: Town Council

9.3. Annex 3: EVALUATION FORM

Gender Training to Health Care Officers and Community Health Workers
Shinyanga, Geita and Simiyu, 22 – 26 June, 2015

Participant: M ☐ F ☐ (Please do not write your name) Put a ☑ or a ☒

TRAINING CONTENT		**Poor**	**Average**	**Good**	**Very good**	**Comments on what you learned**
1.	Understanding of key gender concepts and gender mainstreaming					
1.	Relevance of the Training to your work					
TRAINING PROCESS		**Poor**	**Average**	**Good**	**Very good**	
2.	Balance between theory and practice					
3.	Training Methodology & Exercises					
RATE YOUR INDIVIDUAL LEARNING		**Poor**	**Average**	**Good**	**Very good**	
7.	Ability to apply gender knowledge/skills in handling under-five children and their parents/caretakers					

THANK YOU FOR YOUR TIME

USAID Diagnosis and Management of Febrile Illness (Tibu Homa) Program

7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814
Tel: (301) 654-8338
Fax: (301) 941-8427
http://www.urc-chs.com